



CITY OF LYNCHBURG
EMPLOYMENT APPLICATION
An Equal Opportunity Employer
-Please print in ink or type-

MAILING ADDRESS:
City of Lynchburg
Human Resources
P. O. Box 60
Lynchburg, Virginia 24505
(434) 847-1315 Job Line: (434) 847-1346
FAX: (434) 845-4304
www.lynchburgva.gov

Date: _____

Position applying for: _____

PERSONAL INFORMATION:

NAME: _____

FirstMiddleLast

Social Security Number: _____

Present address: _____

StreetCityStateZip Code

Phone number (Day): _____ (Evening): _____

Are you a current employee or have you worked for the City of Lynchburg in the past? ☐ Yes ☐ No If yes, when _____

Your name when employed (if different): _____

Do you have a valid driver’s license? ☐ Yes ☐ No CDL? ☐ Yes ☐ No Endorsements (if any): _____

Expiration date: _____ Issuing state: _____

Have you ever been convicted of a: Felony ☐ Yes ☐ No b: Misdemeanor ☐ Yes ☐ No

c: Any traffic infraction (moving violation) ☐ Yes ☐ No If yes, please explain and gives dates: _____

(A conviction does not automatically eliminate you from employment consideration. The nature of the offense, when it occurred, and the requirements of the position will be taken into consideration.)

Have you ever been fired or asked to resign from a job? ☐ Yes ☐ No

If yes, give date(s), name and address of employer, and reason (attach additional sheets if necessary): _____

(A firing or forced resignation does not automatically eliminate you from employment consideration. The circumstances, time elapsed, and employment record may be considered.)

Failure to be completely truthful and accurate may cause you to be disqualified from employment consideration.

EDUCATION

Do you have a High School Diploma? ☐ Yes ☐ No A GED? ☐ Yes ☐ No

School: _____

ADVANCED EDUCATION

Name and Address	Number of Years completed	Degree Completed (BA, BS, MA, etc., or certificate)	Field(s) of Study
College			
Graduate Work			
Other (i.e. business, secretarial, vocational, technical, military, etc.)			

Please list your professional memberships, certifications, designations, licenses, honors, awards, fellowships, etc.:

The information below will NOT be used for making employment decisions, and will NOT be kept with your application for employment. It is needed for analysis and to assure compliance with State and Federal Employment laws and to meet reporting requirements.

CHECK THE APPROPRIATE BLOCKS FOR THE FOLLOWING:

Sex: ☐ Male ☐ Female

Are you disabled? ☐ Yes ☐ No

Racial or ethnic group with which you identify: (Check ONLY one)

☐ White (also includes persons of Arabian descent)

☐ Black (also includes Jamaicans, Bahamians, and other Carribbeans of African but not Hispanic or Arabian descent)

☐ Hispanic (also includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture)

☐ Asian American (also includes Pakistanis, Indians, and Pacific Islanders)

☐ American Indian (also includes Alaskan natives)

The following information will help us to learn of the most effective way of informing interested persons of the job opportunities with the City of Lynchburg. Please check ONE of the following as to how you learned of employment opportunities with the City.

☐ Vacancy List

☐ From a City employee

☐ Telephoned our office

☐ City Website

☐ Other (please specify): _____

☐ Cable TV (Channel 6)

☐ 24-hour jobline (847-1346)

☐ Newspaper (name of newspaper): _____

☐ Professional journal (name of journal): _____

WORK HISTORY: Give a complete record of your employment history including part-time work, military service, and volunteer experience. List (you may limit your experience to the past 10 years) all experience in order, starting with your present or most recent position and working back. Describe your duties and responsibilities in each position so that your experience may be thoroughly and fairly evaluated. Account for all periods of unemployment. Please feel free to attach supplemental information.

Name of Employer:	Job Title:	Dates Worked: _____ to _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Mailing address (including zip code)	Name and title of your immediate supervisor:	Starting Salary: _____ Final Salary: _____
Number of people you supervised: _____ Reason for leaving: _____ Description of duties: _____ _____ _____ _____ _____		

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List the equipment, computers, software, etc. you have used in previous jobs: _____

Typing Speed _____ WPM

May we contact your former employers? ☐ Yes ☐ No

Present employer? ☐ Yes ☐ No

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omissions in this application will be sufficient cause to disqualify me from employment consideration with the City of Lynchburg. If such misstatements or omissions are found after employment, it may be considered grounds for dismissal. I understand that this completed application and any materials submitted with it are the property of Lynchburg City Government and will not be returned. In the case of a panel interview, which may consist of non-City employees, I authorize my application to be viewed by members of the panel. I also understand that any offer of employment is contingent upon my ability to produce documentation as required by the Immigration and Naturalization Service documenting eligibility for employment.

I authorize the release of any and all job-related information that the City of Lynchburg may request or any records pertaining to past or present employment which may now exist or may exist in the future.

Date: _____

Signature: _____